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		Attorney	Docket	UCON/150/PC/US							
0010/PTO	U.S. Department of Comm		ned Inventor	Alexandros Makriyannis							
Rev. 6/95	Patent and Trademark Offic	ce	COMPLETE IF KNOWN								
DEC	LARATION	Applicati	Application Number								
Declaration	Declaration	Filing Da	te								
Submitted With Initial Filing	Submitted Aft Initial Filing	Group Ar	t Unit								
		Examiner	Name								
My residence, post office	or, I hereby declare that: address, and citizenship are as : I, first and sole inventor (if only f the subject matter which is cla	y one name is lis	sted below) or an orig	ginal, first and joint inventor (if pi on the invention entitled:							
INI	INHIBITORS OF THE ANANDAMIDE TRANSPORTER AS ANALGESIC AGENTS										
	(T	itle of the invent	ion)								
he specification of which	1										
is attached hereto.											
OR											
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PCT/US99/12900 and wa	as amended on (MM/DD/YYYY)	(if ap	olicable).								
hereby state that I have	ve reviewed and understood th	ne contents of t	he above-identified s	pecification, including the claims							
mended by any amendm	ent specifically referred to above	e.									
	o disclose information which is	material to pater	tability as defined in	Title 37 Codes of Federal Regulati							
nventor's certificate, or States of America, listed	§ 365 (a) of any PCT internation below and have also identified	nal application w below, by check	hich designated at le ing the box, any forei	any foreign application(s) for pater ast one country other than the Ur gn application for patent or inven- tion on which priority is claimed.							
Prior Foreign Application Numbers	Country	n Filing Date NDD/YYYY)	Priority Not Claime	Conv Attached							
NONE											
Additional Foreign	Application Numbers Are Listed	On A Supplemen	tal Priority Sheet Atta	ched Hereto:							
	penefit under Title 35, United St	ates Code § 119	(e) of any United Sta	tes provisional application(s) listed							
pelow: Application Number(s)	Filing Date										
Application Number(s)	[MM/DD/YY]		_								

06/09/1998

60/088,568

Additional Provisional Application Numbers Are Listed On A Supplemental

Priority Sheet Attached Hereto.

DECLARATION									Page 2										
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Given Name	Alex	andros		Middle Initial	Family Name			MAKRIY	IAKRIYANNIS				Suf	ffix					
	ntor's ature								Date										
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Inventor's Signature							Date												
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City	BOST	ON		State	1	MA		Zip	Zip 02116		Coun	itry U.S.		Α.	Appli	cant			

Additional Inventors Are Being Named On Supplemental Sheet(s) Attached Hereto.